

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM 101-75)

SERIAL NO.

10/537825

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		2		2		
6		2		2		
7		6		1		
8		6		1		
9		6		1		
10		6		1		
11		6		1		
12		6		1		
13		6		1		
14		6		1		
15		6		1		
16		6		1		
17		6		1		
18	1		1			
19		4		1		
20		2		2		
21		2		2		
22		6		2		
23		6		2		
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49						
50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	29	←		←
TOTAL CLAIMS			31			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						